

Case Number:	CM15-0036861		
Date Assigned:	04/24/2015	Date of Injury:	12/07/2013
Decision Date:	06/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female who sustained an industrial injury on 12/7/13. She has reported initial complaints of neck, right shoulder and low back pain after turning a heavy set patient in bed. The diagnoses have included chronic pain management, cervicgia, low back pain and right shoulder pain. Treatment to date has included medications, activity modification, physical therapy, and functional restoration program. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, lumbar spine and right shoulder. The current medications included Ultracet, Gabapentin, Ketoprofen, and Senokot. Currently, as per the physician discharge report from the functional restoration program the injured worker had successfully completed 5 weeks of the program. She complains of neck pain, right shoulder pain and low back pain which was rated 5/10 on pain scale and she reports that she was better able to manage the pain with the techniques learned during the program. The physician noted that the injured worker has been complaint with the program and remains motivated. After completion of the program she is motivated to continue with a home exercise program allowing her to increase her level of activity and function, she was able to perform cardiovascular exercise using a treadmill four times per week, lifting capacity was 25 pounds, she increased the lumbar spine range of motion and increased her ability to perform a squat and lunge to allow for less back discomfort. The injured worker was now considered permanent and stationary. The physician requested treatment included Health club membership (cervical, lumbar, right shoulder) x 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Health club membership (cervical, lumbar, right shoulder) x 3 months (1x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p 87.

Decision rationale: The claimant sustained a work injury in December 2013 and recently completed participation in a functional restoration program. While in the program, she was able to exercise independently using a treadmill and exercise bicycle for cardiovascular conditioning and used strengthening equipment, including exercises bands, a puller system, dumbbells, a hip abductor machine, and exercise balls. Being requested is a three month gym membership. A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is documentation of a prescribed exercise program. Therefore, the requested gym membership is not medically necessary.